

# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28

OMB No. 1615-0105 Expires 05/31/2021

# Part 1. Information About Attorney or Accredited Representative

1.	USCIS Online Account Num	nber (if any)							
Nai	me of Attorney or Accred	lited Representative							
2.a.	Family Name (Last Name)								
2.b.	Given Name (First Name)  Giulia								
2.c.	Middle Name								
Address of Attorney or Accredited Representative									
3.a.	Street Number and Name 420 Lincol	n Road							
3.b.	Apt. X Ste. Flr.	357							
3.c.	City or Town Miami Beac	h							
3.d.	State FL 3.e. ZIP C	ode 33139							
3.f.	Province								
3.g.	Postal Code								
3.h.	Country								
	United States								
	ntact Information of Atto presentative	orney or Accredited							
4.	Daytime Telephone Number								
5.	305-489-9100  Mobile Telephone Number (if any)								
~ <b>.</b>		37							
6.	Email Address (if any)								
	foi-fbi@abogadajulia.com	1							
7.	Fax Number (if any) 786-216-7088								

# Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.							
1.a.	X I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in <b>Part 6. Additional Information.</b>						
	Licensing Authority						
	Supreme Court of Florida						
1.b.	Bar Number (if applicable)						
	FL Bar 123540						
1.c.	I (select <b>only one</b> box) X am not am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in <b>Part 6. Additional Information</b> to provide an explanation.						
1.d.	Name of Law Firm or Organization (if applicable)						
	GF Immigration Law, PA						
2.a.	I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.						
2.b.	Name of Recognized Organization						
2.c.	Date of Accreditation (mm/dd/yyyy)						
3.	I am associated with						
	,						
	the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.						
4.a.	I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).						
4.b.	Name of Law Student or Law Graduate						

#### Part 3. Notice of Appearance as Attorney or **Accredited Representative**

If you need extra space to complete this section, use the space provided in Part 6. Additional Information

provi	ded in I art v. Additional information.								
	appearance relates to immigration matters before et <b>only one</b> box):								
1.a.	U.S. Citizenship and Immigration Services (USCIS)								
1.b.	List the form numbers or specific matter in which appearance is entered.								
2.a.	U.S. Immigration and Customs Enforcement (ICE)								
2.b.	List the specific matter in which appearance is entered.								
3.a.	X U.S. Customs and Border Protection (CBP)								
3.b.	List the specific matter in which appearance is entered.								
	FOIA								
1.	Receipt Number (if any)								
	<b>▶</b>								
5.	I enter my appearance as an attorney or accredited								
	representative at the request of the (select <b>only one</b> box):								
	Applicant Petitioner X Requestor								
	Beneficiary/Derivative Respondent (ICE, CBP)								
Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)									
5.a.	Family Name (Last Name) Medina Heredia								
6.b.	Given Name (First Name) Jorge								
5.c.	Middle Name								
7.a.	Name of Entity (if applicable)								
7.b.	Title of Authorized Signatory for Entity (if applicable)								
	Title of Authorized Signatory for Entity (if applicable)								
	Title of Authorized Signatory for Entity (if applicable)								
8.	Title of Authorized Signatory for Entity (if applicable)  Client's USCIS Online Account Number (if any)								
8.									
3. 9.	Client's USCIS Online Account Number (if any)								
	Client's USCIS Online Account Number (if any)								

Client's	Contact	Infor	mation
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10.	Daytime Telephone Number					
	n/a					
11.	Mobile Telephone Number (if any)					
	n/a					
12.	Email Address (if any)					
	n/a					
Ma	iling Address of Client					

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.

<b>13.a.</b> Street Number and Name	Street Number 420 Lincoln Road (safe mailing) and Name						
<b>13.b.</b> Apt. x S	tte.						
<b>13.c.</b> City or Town	Miami Beach						
13.d. State FL	<b>13.e.</b> ZIP Code 33139						
13.f. Province							
13.g. Postal Code							
13.h. Country							
United States							

### Part 4. Client's Consent to Representation and **Signature**

#### Consent to Representation and Release of **Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

### Part 4. Client's Consent to Representation and Signature (continued)

### Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

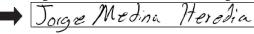
- **1.a.** X I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.** 

**1.c.** I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

## Signature of Client or Authorized Signatory for an Entity

**2.a.** Signature of Client or Authorized Signatory for an Entity



**2.b.** Date of Signature (mm/dd/yyyy) 11/08/2021

### Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a.	Signature of Attorney or Accredited Representative							
	Julia fauta							
	0 0							
1.b.	Date of Signature (mm/dd/yyyy)	11/08/2021						
2.a.	Signature of Law Student or Law G	raduate						
2.b.	Date of Signature (mm/dd/yyyy)							

Pai	t 6. Additio	nal In	formation			4.a.	Page Number	4.b.	Part Number	4.c.	Item Number
	u need extra spa			itional i	information						
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1.a	Family Name (Last Name)										
1.b.	Given Name (First Name)										
1.c.	Middle Name										
2.a.	Page Number	2.b.	Part Number	2.c.	Item Number						
2.d.						5.a.	Page Number	5 h	Part Number	5.c.	Item Number
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3.a.	Page Number	3.b.	Part Number	3.c.	Item Number						
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